

*Immunization Program*

IMMUNIZATION UPDATE

*The Iowa Immunization Program Newsletter**April 2011*

News and Summaries

Recommended Immunization Schedules

Each year, the Advisory Committee on Immunization Practices (ACIP) reviews the recommended immunization schedules for children, adolescents and adults. This schedule summarizes the recommendations for currently licensed vaccines in the United States. Changes to the 2011 Childhood/Adolescent Immunization Schedules include the following:

- Guidance has been added for the hepatitis B vaccine schedule for children who did not receive a birth dose.
- Information on use of 13-valent pneumococcal conjugate vaccine has been added.
- Guidance has been added for administration of 1 or 2 doses of seasonal influenza vaccine based upon the child's history of monovalent 2009 H1N1 vaccination.
- Use of tetanus and diphtheria toxoids, and acellular pertussis (Tdap) vaccine among children aged 7 through 10 years who are incompletely vaccinated against pertussis is addressed, and reference to a specified interval between tetanus and diphtheria toxoids (Td) and Tdap vaccination has been removed.
- Footnotes for the use of human papillomavirus (HPV) vaccine have been condensed.
- Routine 2-dose schedule of quadrivalent meningococcal conjugate vaccine (MCV4) for certain persons at high risk for meningococcal disease, and recommendations for a booster dose of MCV4 have been added.
- Guidance for use of *Haemophilus influenzae* type b (Hib) vaccine in persons aged 5 years and older in the catch-up schedule has been condensed.

Changes to the 2011 Adult Immunization Schedule include the following:

- The notation for influenza vaccination in the schedule and footnotes was changed to reflect the expanded recommendation for annual influenza vaccination for all persons aged 6 months and older.
- In October 2010, ACIP issued a permissive recommendation for use of tetanus, diphtheria, and acellular pertussis (Tdap) vaccine in adults aged 65 years and older, approved the recommendation that Tdap vaccine be administered regardless of how much time has elapsed since the most recent tetanus and diphtheria toxoids (Td)-containing vaccine, and approved a recommendation for a 2-dose series of meningococcal vaccine in adults with certain high-risk medical conditions.
- The vaccines listed in the schedule have been reordered to keep all universally recommended vaccines together (e.g., influenza, Td/Tdap, varicella, human papillomavirus [HPV], and zoster vaccines).
- Clarifications were made to the footnotes for measles, mumps, and rubella (MMR) vaccination; HPV vaccine; revaccination with pneumococcal polysaccharide vaccine (PPSV), and Haemophilus influenza type b (Hib) vaccine.
- A statement has been added to the box at the bottom of the footnotes to clarify that a vaccine series does not need to be restarted, regardless of the time that has elapsed between doses.

Click on this link for several available formats: [child, adolescent, and catch-up schedules](#)

The adult schedule is available in several formats at this link: [adult immunization schedule](#)

Zoster Vaccine

On March 24, 2011, the U.S. Food and Drug Administration (FDA) approved Merck's license supplement to expand the use of zoster vaccine to persons 50 through 59 years of age. This approval was based on a large clinical trial that demonstrated the efficacy and safety of zoster vaccine in this age group. Vaccine providers may now administer zoster vaccine for persons 50 years and older who are not pregnant or immunosuppressed.

The Advisory Committee on Immunization Practices (ACIP) Zoster Work Group has been discussing the use of zoster vaccine in this age group for several months. ACIP has not yet voted on a recommendation for use of zoster vaccine among persons 50 through 59 years of age, although they may do so at their June 2011 meeting. However, it is not necessary for clinicians to delay use of zoster vaccine in persons 50 through 59 years of age because of the absence of an ACIP recommendation. Zoster is licensed by the FDA for this age group so clinicians can administer the vaccine accordingly. It should be noted that some insurance plans may not include zoster vaccine for 50-59 year olds as a covered benefit in the absence of an ACIP recommendation.

Vaccine Information Statements (VISs) generally reflect ACIP recommendations for use of a vaccine rather than FDA licensure. The current VIS for zoster vaccine does not reflect the new FDA-approved age group. If and when ACIP votes to include 50-59 year olds in its recommendation for zoster vaccine the VIS will be revised accordingly.

Updated Recommendations for Use of Meningococcal Conjugate Vaccines

The Advisory Committee on Immunization Practices (ACIP) provided “Updated Recommendations for use of Meningococcal Conjugate Vaccines” in a Morbidity and Mortality Weekly Report (MMWR) dated January 28, 2011 / 60(03);72-76: The report included new recommendations:

Routine adolescent vaccination

Administer vaccine to adolescents, preferably at 11 or 12 years, with a booster dose at 16 years of age. For adolescents who receive the first dose at 13 through 15 years of age, a one-time booster dose should be administered, preferably at age 16 through 18 years. Persons who receive their first dose of meningococcal conjugate vaccine at or after 16 years of age do not need a booster dose.

College students

Administer 1 dose of MCV4 to unvaccinated incoming college students ages 19 through 21 years, and consider vaccinating currently enrolled unvaccinated college students in this age group. Give a booster dose of MCV4 to students younger than age 22 who are about to enter college if they received their most recent dose more than 5 years earlier, and consider giving booster doses to currently enrolled students who meet these criteria.

High risk patients

Administer a 2 dose primary series 2 months apart for persons 2 through 55 years of age with persistent complement component deficiency (e.g., C5-C9, properdin, factor H, or Factor D), functional or anatomic asplenia and for persons with human immunodeficiency (HIV) infection.

The **full report** is available on the MMWR website.

Summary of meningococcal vaccination recommendations, by risk group

Risk Group	Primary Series	If and when to give booster
Persons ages 11 through 18 years	Give 1 dose of MCV4, preferably at age 11 or 12 years ¹	Give booster at age 16 years if primary dose given at 12 years or younger
		Give booster at ages 16 through 18 years if primary dose given at 13 years through 15 years ²
Persons ages 19 through 21 years who will be attending college	Give 1 dose of MCV4, if previously unvaccinated. ¹	Give booster dose if previous dose given at younger than 16 years
Persons age 19 through 21 years who are attending college	<i>May give</i> 1 dose of MCV4, if previously unvaccinated. ¹	<i>May give</i> booster dose if previous dose given at age younger than 16 years
Persons with persistent complement component deficiency (including C5-C9, properdin, factor H, factor D), or functional or anatomic asplenia		
-for ages 2 through 55 years	Give 2 doses of MCV4, 2 months apart	Boost every 5 years with MCV4 ³
-for age 56 years and older	Give 1 dose of MPSV	Boost every 5 years with MPSV
Persons with prolonged increased risk for exposure (e.g., microbiologists routinely working with <i>Neisseria meningitidis</i> and travelers to or residents of countries where meningococcal disease is hyperendemic or epidemic)		
-for ages 2 through 55 years	Give 1 dose of MCV4 ¹	Boost every 5 years with MCV4 ^{4, 5}
-for age 56 years or older	Give 1 dose of MPSV	Boost every 5 years with MPSV ⁵

1. If the person is HIV-positive, give 2 doses, 2 months apart.
2. The minimum interval between doses of MCV4 is 8 weeks.
3. If the person received a 1-dose primary series, give booster at the earliest opportunity, then boost every 5 years.
4. If younger than age 7 years, give booster dose after 3 years.
5. A booster dose is recommended if the person remains at increased risk.

Note: Children ages 2 through 10 years and adults ages 19 years and older without any of the risk factors listed above are not recommended for routine vaccination against meningococcal disease. If an adult patient requests vaccination against meningococcal disease, ACIP states that you can vaccinate them.

Updated Recommendations for Use of Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis (Tdap) Vaccine

In response to an increased incidence of pertussis in the U.S., in October 2010, the ACIP voted on the following new recommendations for the use of Tdap vaccine:

- Adults age 65 years and older
 - Those who have or anticipate having close contact with an infant less than 12 months of age should receive a single dose of Tdap.
 - Other adults 65 years of age and older may be given a single dose of Tdap.
- Tdap is indicated for a single booster dose at 11 or 12 years of age if the childhood DTP/DTaP vaccination series has been completed.
- Tdap should be given to persons 7-10 years of age and older who have received fewer than 5 doses of DTP/DTaP or 4 doses of DTP/DTaP if the fourth dose was administered at age 4 years or older; or have never been vaccinated against tetanus, diphtheria, or pertussis.
- Adolescents and adults who have not received Tdap should receive a single dose of Tdap in place of a single Td booster dose.
- Tdap is recommended only for a single dose across all age groups.
- Tdap can be administered regardless of the interval since the last tetanus or diphtheria containing vaccine.

The [**full report**](#) is available on the MMWR website.

2010 Immunization Annual Report

The Immunization Program has released the [2010 Immunization Annual Report](#), which provides a summary of the activities and achievements of the Immunization Program and Iowa health care providers during the 2010 calendar year. The report includes sections on Funding, Special Projects, Immunization Registry Information System (IRIS), Vaccines for Children Program (VFC), Perinatal Hepatitis B, and Immunization Assessments. The report serves as an informational resource for stakeholders, local partners, policy makers and the general public.

Click [**here**](#) to view the full report.

Question Corner

Q. Sometimes the Advisory Committee on Immunization Practices (ACIP) recommendations are different from the FDA-approved package insert indications. Which do I follow?

A. The Advisory Committee on Immunization Practices (ACIP) routinely makes immunization recommendations which represent the standard of care for vaccination practice in the United States. Recommendations from the ACIP and vaccine manufacturer package inserts are usually in agreement. However, the ACIP may make additional recommendations to add flexibility to its recommendations or use of expert opinion such as the American Academy of Pediatrics (AAP) or other medical organization. The ACIP includes representation from many organizations including the American Academy of Pediatrics (AAP) and American Academy of Family Physicians (AAFP). Published recommendations from these groups should be considered equally as authoritative as those on the vaccine manufacturer package insert. In general, to determine recommendations for use, one should follow the recommendations of ACIP rather than the information in the package insert. **ACIP recommendations represent the standard of care for vaccination practice in the United States.**

Q. A 19-year-old student who received 1 dose of MCV4 at age 12 years will be attending a community college this fall. Does she need a booster dose of MCV4?

A. Yes. Adults ages 19 through 21 years who plan to attend college, and who received the previous dose of MCV4 before 16 years of age, need a booster dose. These individuals no longer need to be living in on-campus housing to qualify in a risk group for meningococcal vaccination.

Q. An 8 year-old child with a history of 3 DTaP all given before 12 months of age-which tetanus product should I give?

A. Give the child one dose of Tdap to complete the series. Children ages 7-10 years who are not fully immunized against pertussis (i.e., did not complete a series of pertussis-containing vaccine before their 7th birthday) should receive a one-time dose of Tdap. (Definition of fully immunized for pertussis-received 5 doses of DTP/DTaP or 4 doses of DTP/DTaP if the fourth dose was administered at age 4 years or older)

Q. In cleaning the vaccine vial stopper, is it okay to use a non-sterile cotton ball or do we need to use a pre-packaged sterile alcohol prep pad?

A. Using a pre-packaged sterile alcohol prep pad is recommended to maintain aseptic technique. Not only are cotton balls not sterile, but neither is a bottle of sterile alcohol, once it's opened.

VFC Spotlight

VFC Eligibility Criteria

Health care providers enrolled in the Vaccines for Children Program may only administer VFC vaccine to VFC Program eligible patients. Children birth through 18 years of age who meet the following criteria may receive VFC vaccine:

- Child is enrolled in Medicaid
Children enrolled in the following Medicaid Programs are eligible for the VFC Program: Medipass Gatekeeper Program, IA Cares, and Medicaid as secondary health coverage. Individuals who have a primary health insurance company and Medicaid as secondary coverage are eligible for the VFC Program and should be immunized using VFC vaccine.
- Child has no health insurance coverage
- Child is American Indian or Alaskan Native
- Child is underinsured - served by a FQHC, RHC or LPHA
Underinsured children includes those who have health insurance but the benefit plan does not include immunizations, covers only select vaccines, or caps the vaccine cost at an established limit. **Underinsured children are eligible to receive VFC vaccine only if they are served by a Federally Qualified Health Center, Rural Health Clinic or local public health agency.**

Children whose health insurance covers the cost of vaccinations are NOT eligible for VFC Program benefits even when a claim for the cost of the vaccine and its administration would be denied if submitted to the insurance carrier for payment because the plan's deductible (high deductible plan) had not been met.

Some insurance plans may cover all ACIP-recommended childhood vaccines but exclude certain combination vaccines or certain products. A child with this type of coverage would be considered insured and NOT eligible for VFC because all recommended vaccines are covered. Some insurance plans may cover a portion of the cost of the vaccine, even though it may be only a small portion of the cost of the vaccine, this child is considered insured for the purposes of the VFC Program.

Children enrolled in **hawk-i** are not eligible under the VFC Program since the **hawk-i** Program is a full coverage insurance plan. Children enrolled in **hawk-i** must be vaccinated with privately purchased vaccine.

Screening to determine a child's eligibility for the VFC Program must take place with each immunization visit. Verification of parent/guardian/individual responses is not required. For each child enrolled, a Patient Eligibility Screening Record or equivalent must be completed and kept on file for at least three years regardless of VFC eligibility.

Vaccines

The Iowa VFC Program offers each vaccine listed on the CDC vaccine contract. Due to constraints and limitations imposed by CDC, McKesson, or the vaccine manufacturers, particular brands of vaccine may not be available each time a clinic orders. If a vaccine is unavailable, the IRIS order form will be updated to show available products. VFC Providers should make every effort to use all of a vaccine before switching to another product. When placing vaccine orders it is important to review your vaccine inventory to identify all vaccines needed. To prevent vaccine wastage, *it is important to monitor your supply of single antigen vaccines and reduce inventory to appropriate levels prior to implementing a new combination vaccine.* Providers may be held liable for vaccine cost as a result of excessive vaccine wastage.

Vaccine Borrowing

Vaccine borrowing should be the exception and not the rule. All providers are expected to maintain adequate inventories of vaccine to administer to privately insured and VFC-eligible children. Borrowing of vaccine must be due to an unforeseen delay or circumstance surrounding vaccine that was ordered. Borrowing can only occur after receiving prior approval from the VFC Program by calling 800-831-6923, ext 4. Employee training should be conducted to ensure that all staff understands the difference between VFC and privately purchased inventory and the potential issues excessive borrowing can cause such as accountability and inventory issues.

Conferences & Resources

REGISTRATION IS NOW OPEN!

The 2011 Iowa Immunization Conference will be on June 8 & 9, 2011.

Click on the following link to register.

[2011 Iowa Immunization Conference Registration](#)



The [Bureau of Immunization & TB](#) has a new web page!